Asthma Counseling

Help your patients target their Asthma triggers.

? Smoking and Use of Tobacco Products

- Both those diagnosed with Asthma and those within the household should be advised to quit smoking.

? Dust Mites

- Place mattress and pillow in dust-proof cover.
- Wash pillows, sheets, and blankets in hot water every week.

? Animals

- Keep furred and feathered pets out of the home (especially rooms with carpet).
- Cover bedroom vents with heavy cloth to filter circulated air.

? Vacuum Cleaning

- Do not remain in rooms being vacuumed or those recently vacuumed.

? Mold

- Clean all moldy surfaces with a bleach based cleaner.
- Reduce sources of water (leaky pipes, faucets, etc.)
- Keep windows closed during allergy season.
- Stay indoors during midday and afternoon.

SCHALLER ANDERSON OF TENNESSEE, L.L.C.

Bureau of TennCare

Asthma Control!

Is your patient's Asthma out of control?

If your patient answers yes to any of the following, their asthma may be out of control.

Do you take your quick-relief inhaler more than TWO times per week?

Do you awaken at night with asthma more than TWO times per month?

Do you refill your quick-relief inhaler more than two times per year?

These rules can help you decide if your patient's asthma is out of control. Turn the card over for a diagnosis checklist that will help you to determine the best treatment plan.

SCHALLER ANDERSON OF TENNESSEE, L.L.C.

Bureau of TennCare

ASTHMA AT-A-GLANCE

ADULTS & CHILDREN OVER 5 YEARS OF AGE

SCHALLER ANDERSON OF TENNESSEE, L.L.C.

Bureau of TennCare

	MEASURES		THERAPIES	
	Symptoms	Lung Function	Quick Relief Medications	Long-Term (Daily) Control Medications
Mild Intermittent	< 2 / wk. Brief & varied exacerbations Night symptoms = 2x/ month	FEV_1 or PEF > 80 % Predicted PEF variability < 20 %	• $Beta_2$-agonists as needed for symptoms • Use of short acting inhaler more than 2 x/ wk. May indicate need for long-term control therapy.	• None needed
Mild Persistent	3-6x/wk. Activity may be affected Night symptoms 3-4x/ month	FEV_1 or PEF > 80 % Predicted PEF variability 20 –30 %	• $Beta_2$-agonists as needed for symptoms • Use of inhaler on a daily basis indicates the need for additional long-term control therapy	• Anti-inflammatory: low dose **inhaled steroid** OR **cromolyn** OR **nedocromil** OR • Sustained-release theophylline (not preferred)

Counseling Cont...

? Smoke, Strong Odors, Sprays

- Do not use kerosene, wood-burning stoves, or fireplace.
- Avoid strong odors and sprays.

? Exercise, Sports, Work, or Play

- Warm up for about 6 to 10 minutes before exercise.
- Try not to work or play hard when air pollution and pollen levels are high.

? Flu

- Get a flu shot every year.

? Sulfites in Foods

- Try to stay away from beer, wine, shrimp, dried fruit, and processed potatoes.

? Cold Air

- Wear a scarf that covers the nose and mouth on a windy day.

? Cockroaches

- Do not leave food out.
- Do not eat in the bedroom.
- Keep garbage contained.
- Make every effort to kill roaches.
- Stay out of rooms that have been sprayed until the smell goes away.

Help your patients target their Asthma triggers.

Information based on NHLBI Guidelines.

SCHALLER ANDERSON OF TENNESSEE, L.L.C.

Bureau of TennCare

Patient Checklist

DIAGNOSIS

? Take patient history.
? Assess reversible airflow obstruction.
? Exclude alternative diagnoses.
? Prescribe medications to patients with mild moderate, or severe persistent asthma.
? Use short-acting beta$_2$-agonists to treat asthma episodes. If asthma episode is severe, treat with a 3-10 day course of oral steroids.

PATIENT EDUCATION

General

? Provide basic asthma facts.
? Ask questions regarding patient's asthma.
? Assess patient's exposure to triggers.
? Provide information on avoiding triggers.
? Advise on use of ER and when to call a clinician.

Medications

? Explain use of controller and reliever medications.
? Provide an asthma action plan.
? Provide instruction on MDI use.

Monitoring and Reporting

? Establish goals.
? Provide instructions for monitoring and reporting.

Follow-Up

? See patients every 1-6 months.
? Assess attainment of goals and concerns.
? Make necessary adjustments to treatment.
? Provide updated action plan.
? Check patient's peak flow and inhaler technique.

Information based on NHLBI Guidelines.

SCHALLER ANDERSON OF TENNESSEE, L.L.C.

Bureau of TennCare

	MEASURES		THERAPIES	
	Symptoms	Lung Function	Quick Relief Medications	Long-Term (Daily) Control Medications
Moderate Persistent	Daily symptoms Activity is affected > 2x/ wk. Relievers used daily Night symptoms = 5x/ month	FEV$_1$ or PEF 60-80 % Predicted PEF variability > 30 %	• Beta$_2$-agonists as needed • Treatment will depend on severity of exacerbation • Use of short-acting inhaler on a daily basis indicates the need for additional long-term control therapy.	• Anti-inflammatory: low dose **inhaled steroid** AND add a **long-acting bronchodilator** (primarily for night-time symptoms) OR • Anti-inflammatory: **inhaled steroid** (medium dose) If needed, **inhaled steroids (medium-high dose)** AND **long-acting bronchodilator.**
Severe Persistent	Continual symptoms Activity is affected Frequent exacerbations Frequent night symptoms	FEV$_1$ or PEF 60 % Predicted PEF variability > 30 %	• Beta$_2$-agonists as needed • Treatment will depend on severity of exacerbation • Use of short-acting inhaler on a daily basis indicates the need for additional long-term control therapy.	• Anti-inflammatory: **inhaled steroid (high dose)** AND • Either long-acting inhaled beta$_2$-agonist, sustained release theophyline, or long-acting beta$_2$-agonist tablets AND • Steroid tablets or syrup long-term (make repeated attempts to reduce systemic steroid and maintain control with high-dose inhaled steroid)